



## AFFIDAVIT OF RELIGIOUS EXEMPTION FROM STUDENT SCREENINGS

### STUDENT INFORMATION

Student Name					
Student ID Number		Grade		Teacher	

I, the undersigned parent/guardian of the above-named student, hereby affirm that the required student screenings for vision, hearing, acanthosis nigricans, and/or spinal abnormalities, as outlined under Texas Health & Safety Code 36.005, 37.002, and 95.003, conflict with my religious beliefs.

### PARENT/GUARDIAN STATEMENT

I am requesting a religious exemption for my child from participation in the selected screenings while enrolled in the school district. (Select all that apply)

- Vision
  Hearing
  Acanthosis Nigricans
  Spinal/Scoliosis

I acknowledge that by signing this affidavit:

- I am assuming full responsibility for the health of my child in regard to the conditions typically assessed in the above screenings.
- I understand that the school is not responsible for identifying or addressing any conditions that may have otherwise been detected through these screenings.
- This exemption applies only to the screenings identified in this affidavit and does not exempt my child from any other health or safety requirements mandated by state or federal law.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

State of Texas County of Ector

\_\_\_\_\_, sworn to and subscribed before me, on this \_\_\_\_ day of \_\_\_\_\_  
(Name of Parent/Guardian)

20\_\_\_\_\_, by \_\_\_\_\_  
(Notary Public, State of Texas)

My Commission Expires: \_\_\_\_\_

